PTORSEAS (12.04)

Approved for use Enough TIS 1/2005, ONE 0051-0032

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876									10155426		
APPLICATION AS FILED -				PART ((Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR		- NUMBER FRED		MUHABER EXTRA		RATE (1)	ree (1)		RATE (1)	Lee (II)
BASIC FEE DI CER 1.16(4), 6), 6 (4)		. NA	N/A		. N/A		N/A			NVA	
BEARCH FEE DI CER 1.16(4. (I). or (ml)		W	₩A		^		MA	•		N/A .	
EXAMINATION FEE OI CFR 1.16(4), 61, 4 (4)		W/	N/A		۸		H/A.			H/A	
TOTAL CLAIMS 01 CFR 1.16(1)			minus 20. =				X =		ο'n	X =	
HOEP	CHOENT CLAIM		minus 3 =		•		х -			<u>x</u> . e	
WILK LEG	CATION SIZE R 1.16(+))	streets of p	sheets of paper, the a		Il entity) for each or fraction thereof. See				. ,	:	
MULTURE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))							· NA]	RA.	100 P
* If the difference in polumn 1 is less than zero, order "0" in column 2.							TOTAL	Ĺ]	TOTAL	
ė.	•	CATION AS A					•			OTHE	R THAN
	(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		EKTITY
Ą		CLAIMS REMARKING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (1)		RATE (1)	ADDI- THONAL TEE (3)
ENDMENT	Total promities	93	MANUE .	23	•/		х =		OR.	X : *	///
ğ	independent promitted	3	Minus .	3	-	1	x =	1_/_	no .	×	
AME	Application State Fee (37 CFR 1.16(e))					4			\dashv	1	/
	FIRST TRESENTATION OF MULTURE DEPENDENT CLAIM (LT CFR 1.160)					J	TATOT		- or	TATOT	
*.					٠.		ADD'L FEE	. [. or	ADD'L FEE	<u> </u>
ŀ		(Column 1)		(Column 2)	(Column 3)					· · · · · · · · · · · · · · · · · · ·	
Т.В		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		เถาฮามา	ADDI- TIOHAL FEE (\$		RATE (3)	ADDI- TIONAL FEE (S)
4ENT	Total CECT 1.16(8)	- Concerne	Minus		=		×	=	· OF	X	= γ
ENDM	kedependerd procedured		tunin)	***			<u> </u>	<u>- </u>	OF	×	<u>* </u>
AME	Application Size Fee (37 CFN 1.10/37)					4				, IUA	
<	FIRST PRESENTATION OF MILITIME DEPENDENT CLAIM (3) CFR 1.16(D)						NVA		or	TOTAL	-
						4007 LGI	E		ADD'L FEE	<u> </u>	
	. A give cupy for	column 1 is lose it	ian the entr	y In column 2, w	ritte of the column.	mn: 20.	3. enter "20".				

"If the entry in column 1 is loss usan uno entry in column 2, write 0 an ecount 3.

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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If you need assistance in completing the form, call 1-800 PTO-9199 and select option 2